



## Being smart about writing SMART objectives



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### ARTICLE INFO

#### Article history:

Received 17 October 2016  
Received in revised form 16 December 2016  
Accepted 19 December 2016  
Available online 23 December 2016

#### Keywords:

Objective development  
Mainstreaming  
Evaluation guidance  
SMART objectives

### ABSTRACT

This article challenges the conventional wisdom in mainstream evaluation regarding the process for developing specific, measurable, attainable, relevant, and time-bound (SMART) objectives. The article notes several advantages of mainstreaming the SMART method including program capacity building and being able to independently monitor progress toward process and outcome objectives. It is argued the one size fits all approach for writing SMART objectives is misleading. The context in which the evaluation is conducted is a key deciding factor in how and when the SMART criteria should be applied. Without an appreciation of the evaluation context, mainstream users may be developing objectives that are far from smart. A case example is presented demonstrating a situation where a stepwise, rather than simultaneous application of the SMART criteria was necessary. Learning from this case, recommendations are forwarded for adjusting how SMART criteria should be presented in mainstream evaluation manuals/guides.

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### 1. Introduction

Doran (1981) first introduced the *specific, measurable, assignable, realistic, and time-related* (SMART) method for writing effective management goals. Today, the SMART method in management is commonly stated as the standard for developing effective, measurable goals and objectives (Bowles, Cunningham, De La Rosa, & Picano, 2007; Conzemius & O'Neill, 2011; Frey & Osterloh, 2001; Gettman, 2008; Hessel, Cortese, & De Croon, 2011; Hofman & Hofman, 2011; Jung, 2007; MacLeod, 2012; Lawlor, 2012; Linstrom, 2006; Pearson, 2012; Piskurich, 2015; van der Grift et al., 2013; Wade, 2009).

Although developed within management, the SMART method is also widely cited within the program planning/evaluation literature (Chen, 2015; Gudda, 2011; Isell, 2014; Knowlton & Philips, 2013; Mathison, 2005; Patton, 2011; Sharma & Petosa, 2012; Smith, 2010). Moreover, program planning/evaluation guides provided by the Centers for Disease Control and Prevention, the United Way, The W.K. Kellogg Foundation and the United States Department of Education, include the recommendation of using SMART criteria when creating program goals and objectives (Bryan, DiMartino, & Center for Secondary School Redesign, 2010; Centers for Disease

Control and Prevention, 2013; Harris and Harvard Family Research Project, 2011; W.K. Kellogg Foundation, 2004). The proliferation of the SMART method in evaluation and non-profit organization guidance supports the contention that SMART is now a mainstream method for developing program goals and objectives.

The benefit of mainstreaming is a greater number of programs, especially those with limited resources, are able to apply evaluation fundamentals to monitor and make program improvements (Picciotto, 2002; Preskill & Boyle, 2008; Sanders, 2002). This increased evaluation capacity reduces the need for costly external evaluation consultants (Cousins, Goh, Elliott, Aubry, & Gilbert, 2014; Picciotto, 2002). It also enables more programs to meet funders' evaluation requirements (Stevenson, Florin, Mills, & Andrade, 2002).

However, as is the case with attempting to mainstream any evaluation method, there are many potential unintended consequences (Grudens-Schuck, 2003; Merton & Sztompka, 1996; Picciotto, 2002; Renger, 2006; Williams & Hawkes, 2003). First, many mainstream program evaluation guides present the SMART criteria without an explanation as to why or how they should be applied. Thus, users may "blindly" following the recipe-like method to develop SMART objectives without fully understanding the underlying reasons for applying each SMART criterion. Second, when following a recipe-like formula writing SMART objectives may become nothing more than a grantsmanship exercise; a necessary box needing to be checked to fulfill a sponsor's request for proposal requirements. Hummelbrunner (2010) expressed

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similar concerns that laypersons following mainstream guidance often do so as a justification rather than a planning exercise.

Finally, and specifically to mainstreaming SMART objectives, program evaluation guides suggest SMART objectives be written in a single step. On the surface, this may seem reasonable and harmless. However, it is the authors' contention there are some instances where attempting to satisfy all the SMART criteria in a single step is unrealistic and/or unwise. This method may produce a mechanical approach to program evaluation objective writing. The following case example demonstrates a situation where a stepwise approach, rather than a simultaneous application of the SMART criteria, was necessary to write meaningful program objectives.

## 2. Case example

The authors' need to elaborate on an alternative method for developing SMART objectives arose while working on a self-assessment tool for a cardiac ready communities (CRC) program in a rural Midwest state (Center for Rural Health, 2016). The goal of a CRC (also known as Heart Safe communities) program is to increase survival rates from out-of-hospital cardiac arrest (OHCA) through several community strategies targeting the five links in the American Heart Association's "chain of survival" (American Heart Association, 2015; Heart Safe Communities, n.d.): comprising 1) recognition of cardiac arrest and activation of the emergency response system, 2) immediate cardiopulmonary resuscitation (CPR), 3) rapid defibrillation, 4) basic and advanced emergency medical services, and 5) advanced life support and post-cardiac arrest care.

The CRC strategies are designed to address one or more of the survival links and may include: community leadership involvement, community awareness campaigns, CPR training, public access to automated external defibrillators (AEDs), emergency medical dispatching, resuscitation protocols for emergency medical services (EMS) and hospital services, and community evaluation (Heart Safe Communities, n.d.; Montana Cardiac Ready Communities, 2015; North Dakota Department of Health, 2016). The state established the success of each strategy by providing targets needing to be met within the three-year program timeframe to receive official recognition as a cardiac ready community.

Within the state, there were numerous CRC's needing evaluation assistance. Further, given the numerous strategies encompassed in a single CRC initiative, it was not feasible to provide each community with the external evaluation resources needed to track their individual progress in meeting the set program targets. Therefore, it was decided the best evaluation strategy was to empower participating communities to conduct their own CRC evaluation.

The evaluation strategy consisted of providing participating communities with evaluation tools and technical assistance to enable ongoing self-assessment (Center for Rural Health, 2016). The self-assessment tool included guidance on how to create SMART objectives for each CRC program activity so communities could track progress toward the program targets (Center for Rural Health, 2016). Specifically, the initial draft of the self-assessment guide described how and why to write *specific*, *measurable*, *achievable*, *relevant*, and *timely* objectives in line with the SMART criteria suggested by Chen (2015).

The process of writing the guide forced evaluators to a deeper level of thinking as to how the SMART criteria would be applied. Explaining how to make the objectives *specific*, *measurable*, and *relevant* was relatively straightforward. For example, one program strategy related to the link of early CPR is community level CPR training. To meet the *specificity* criterion the community needed to detail what was meant by the terms "trained" and "population".

For instance, "trained" could mean the population is at a minimum trained in hands-only CPR within the last two years and "population" could be defined as all community members aged 10 and above. To meet the *measurable* criterion the number of community members trained in CPR could simply be tracked via CPR course attendance sheets. The objective was *relevant* because of the research evidence linking change in this essential link in the chain to improved OHCA survival rates (American Heart Association, 2015).

However, challenges arose when attempting to explain how to apply the *achievable* and *timely* criteria. An *achievable* objective is one that can be reasonably met with existing resources (Chen, 2015). Thus, whether an objective is achievable depends on having the needed resources to move from the baseline to the desired goal. For example, assume the baseline revealed 20% of the community was CPR trained, but the goal was to have 25% trained. If both budgets and training resources such as instructors, training materials, and manikins were limited, then the 25% target might be an attainable target. Alternatively, if the community had access to ample resources, then perhaps a higher target such as 35% being CPR trained might be achievable.

To meet the *timely* criterion requires objectives to include a reference date for completion. Doing so, according to Chen (2015), stimulates effectiveness. Although the state imposed a three-year time frame, some objectives needed to be completed sooner than others. However, without a baseline assessment establishing a reasonable timeframe was challenging. For example, it is reasonable to posit the community would achieve the 25% target sooner if 20% of the population was already trained in CPR, as compared to if the baseline was closer to 10%. If the former was the case, the SMART objective could state that by year 2 of the three-year program the community will increase from 20% to 25% the share of community members aged 10 and above trained in at least hands-only CPR.

These challenges made it clear the self-assessment tool needed to be modified so the CRCs (i) initially apply the criteria *specific*, *measurable*, and *relevant* to their objectives, (ii) then gather baseline data (because measurable has been defined), and (iii) finally add to the objective quality by applying the *achievable* and *timely* criteria. This held true for all strategies for each link in the survival chain. The revised self-assessment tool provided more detailed guidance aiding the communities in applying each SMART criterion (Center for Rural Health, 2016). For example, adding descriptions/definitions of all program strategies helped communities in adding specificity to their SMART objectives. Further, adding available community resources provided assistance in developing achievable objectives with realistic timeframes. SMART objectives are more likely when a formal planning, implementation, and evaluation process like the Antecedent Target Measurement (ATM) approach are followed with fidelity (Renger & Titcomb, 2002). The revisions to the self-assessment tool better assisted stakeholders in writing program objectives that met all the SMART criteria. However, as reviewers of our work rightly note additional guidance could be provided for each SMART criterion. Currently, the self-assessment tool is being revisited to see where decision rules could be added. It is a continuous improvement process and the authors are getting smarter around their SMART objectives guidance.

## 3. Conclusion

The case presentation demonstrates a uniform, one step SMART approach may not always result in smart objectives. In our example, the absence of baseline information did not allow for the writing of achievable and timely program objectives. Thus, there was a need for a stepwise approach to creating SMART objectives.

The stakeholders first wrote *specific, measurable, and relevant* objectives; then gathered baseline data. Once the baseline data were collected the *achievable* and *timely* criteria could be applied. While two steps were needed in this context, it is possible to imagine situations where perhaps additional steps are needed before satisfying all the SMART criteria.

### 3.1. Lessons learned

Learning from this, mainstreaming SMART objectives must be done with some degree of caution and account for users who do not fully understand the underlying reasons for applying each SMART criterion. It is important future mainstream evaluation manuals/guides delineate between different contexts in their SMART goal/objective guidance as stakeholders may need to do some homework before being able to satisfy all the SMART criteria. Otherwise, programs may end up with SMART objectives that are not so smart after all.

### Acknowledgements

The authors would like to thank Dr. Carlos Rodriguez, Kim Dickman, Skyler Ienuso, Makenzie McPherson, Allyssa Schlosser and Eric Souvannasacc for their insights and feedback.

This work was supported by the Leona M. and Harry B. Helmsley Charitable Trust.

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